SIRTH MO.   REG. DIST. NO.   070   PRIMARY REG. DIST. NO.   3018   Registrar's No.   3018   Re	HIER FED	0 1054	THE DIVISION OF H			MOS
1. PLACE OF DEATH  a. COUNTY Dent  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  D. CITY (If catalides corporate limits, write RURAL and give township)  G. CICY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. FULL, NAME OF (If the lab document limits)  INCOMPS (If the lab document limits)  S. REY (If catalides corporate limits, write RURAL and give township)  D. CATALIDES (If the lab document limits)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits, write RURAL and give township)  G. CITY (If catalides corporate limits)  G.	PILEU FEB	9 1951	STANDARD CERTI	FICATE OF DEA	TH State File	No
a. STATE MISSOURI Dent  D. CITY (II outside corporate limits, write RURAL and give township)  S. Al em Mo. R. R. 2,  G. FULL MANE OF (II out is benefited or institution, dry storet address or location)  INSTITUTION Heart Clinic  ADRESS West of Salem, Mo.  Beautiful outside developed by William Water Married of Salem, Mo.  Beautiful of West of Salem, Mo.  Beautiful outside outs	BIRTH NO		_ REG. DIST. NO	PRIMARY REG. DIST.	NO. 3018 Registrar'.	, <sub>No</sub>
b. CITY (II contains comparing limits, write RUBAL and give cowaday)  Salem, Mo.  G. CITY (II contains comparing limits, write RUBAL and give cowaday)  G. CITY (II contains comparing limits, write RUBAL and give cowaday)  G. CITY (II contains comparing limits, write RUBAL and give cowaday)  G. CITY (II contains comparing limits, write RUBAL and give cowaday)  G. CITY (II contains comparing limits, write RUBAL and give cowaday)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains of CITY (II contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains)  G. CITY (II contains comparing limits, write RUBAL and give contains and give contains and give contains give contains and give contains give contains and give contains give contain		\TH		2. USUAL RESIDE	ENCE (Where deceased lived.	If institution: residence be
TOWN Salem Mo. Salem Mo. R.R.2,  d. FULL NAME Of it on the benefit of restriction, errest address or locations in the community of the communi	<u></u>			<u>                                     </u>	ouri	
d. PULL NAME OF CIT not is hospital or lasticulan. dire store address or location)  (HOSPITAL MATE Clinic  (HOSPITAL STREET West of Salem, Mo.  (Hospital Mart Clinic  (Hospital Street Solem)  (Hospital Colors of A. (First)  (Hospital Solem)  (Hospital Colors of A. (First)  (Hospital Solem)  (Hospital Colors of A. (First)  (Hospital Solem)  (Hospital So	UR	rporate limite, write R	URAL and give c. LENGTH OF	C. CITY (If outside corp	orate limits, write RURAL and give	township) 0330
ADDRESS West of Salem, Mo.  AD			Mo. l dav	Town Sale	m Morr 2	, ()
Type or Print) GONGE "William Young DEATH Jan. 29, 195  S. EXE O 6. COLOR OR RACE 1. MARRIED REVER M	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	Hart Cl	nstitution, give street address or location)		t of Salem, M	0.
(Type or Print) GOTGE William Young 5. CALCO ROR RACE WILDOWS DIVORCE) Growth July 20, 1883 SACE (is years) of potent year of the country will be seen to the country will be seen to the country be seen to the seen t	NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mor	nth) (Day) (Year)
SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. MEVER MARRIED. MIDOMED (1) WIDOWED (		eorge	William	Young	l OF _	
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COUNTRY CHAUTIET BUS OPERATOR BUS OPERATOR BOND, Arkansas COUNTRY USA  Da. FATHER'S NAME BATHER'S MAME BATHER SAME  BATHER'S MAME BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAIDEN NAME  BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAIDEN NAME  BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAIDEN NAME  BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAIDEN  BATHER'S MAME BATHER'S MAIDEN NAME  BATHER'S MAIDEN  BATHER'S MAIDEN NAME  BATHER'S MAIDEN  BATHER'	Da. USUAL OCCUPATION	N (Give kind of work	10b. KIND OF BUSINESS OR IN-			12. CITIZEN OF W
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   11. NAME OF HUSBAND OR WIFE   Nell Young   Ne	Chanfie most of works	ıg Шe, even if retired)			,	COUNTRY?
Elizabeth Mims   Nell Young    S. WAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY 494 Ol 1088   Nell Young    Rea. Do. of turbowal   (If yes, eive war or dates of service)    10. CAUSE OF DEATH    11. DISEASE OR CONDITION    12. Instead of dying, such    13. ANTECEDENT CAUSES    14. DISEASE OR CONDITION    15. DISEASE OR CONDITION    16. DISEASE OR CONDITION    17. Instead the disease and mean    17. Instead the disease and mean    18. ANTECEDENT CAUSES    19. MAJOR FINDINGS OF OPERATION    10. DUE TO (a)    11. OTHER SIGNIFICANT CONDITIONS    12. AUTORS    13. DATE OF OPERATION    13. MAJOR FINDINGS OF OPERATION    14. ACCIDENT    15. SOCIAL SECURITY    16. SOCIAL SECURITY    17. Informant's SIGNATURE    18. ACCIDENT    19. MAJOR FINDINGS OF OPERATION    20. AUTORS    19. MAJOR FINDINGS OF OPERATION    20. AUTORS    10. Time (Moselb)    10. MAJOR FINDINGS OF OPERATION    21. Instead the disease of medition counting death.    18. ACCIDENT    19. MAJOR FINDINGS OF OPERATION    21. Instead the disease of medition counting death.    21. Instead to the disease or condition counting death.    22. AUTORS    23. AUTORS    24. ACCIDENT    24. ACCIDENT    25. Instead of the death						
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A DATE OF OPERATION  a. ACIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE  a. ACIDENT SUICIDE HOMICIDE  d. Thereby certify that I attended the deceased from 1 - 29 19 1 10 10 10 10 10 10 10 10 10 10 10 10 1	. WAS DECEASED EVE	R IN U.S. ARMED F	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (c)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  ANTE	(es. no. or unknown) (III	yee, give war or dates o	of service) 494 01 1088	Nell Youn		
Morbid conditions, if any, giving DUE TO (b)  As mode of dying, such as heart failure, authenta, is to the above cause (a) stating rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  DUE TO (c)  DUE TO (c)  OUTER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or orabiliton coursing death.  Pa. DATE OF OPERATION  1a. ACCIDENT SUICIDE (Specity)  1a. ACCIDENT SUICIDE (Month)  1b. MAJOR FINDINGS OF OPERATION  2b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE)  1c. ITME (Month)  1d. TIME (Month)	Enter only one cause per	I, DISEASE OR CO DIRECTLY LEAD!	ONDITION MEDICAL ON THE CONTROL ON T	certification Lovaceules	hemorrhage	INTERVAL BETWEE ONSET AND DEAT /2 kown
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Conditions contributing to the death but not related to the disease or condition couring death.  Death of Operation   19b. Major findings of Operation   20. Autors   19b. Major findings of Operation   21b. Place of Injury (e.g., in or about Suicide   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (County)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (STATISTIC)   19b. Major findings of Operation   21c. (City, Town, Or Township)   (Statistic)   19b. Major findings of Operation   19b. Major findings		II OTHER FIGNIE		Merios elle	our generaliza	a 10 yrs
a. ACCIDENT SUICIDE HOMICIDE  d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. How DID INJURY OCCUR?  I. I hereby certify that I attended the deceased from 1-29, 19 1, to 1-29, 19 1, that I last saw the dealive on 1-19, 19 1, and that death occurred at 220 P. m., from the causes and on the date stated above.  S. SIGNATURE (Degretor title) 23b. ADDRESS 23c. DATE SIGNATURE (Degretor title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (BUTTELL) Feb. 1, 1951 Cedar Grove Cemetery Salem? Mo.  ATE REC'D BY LOCAL REGISTRARS SIGNATURE ADDRESS ADDRESS 31 PHARRAL DIRECTOR'S SLEMATURE ADDRESS.	m which caused death.	Conditions contributelated to the diseas	uting to the death but not see or condition couring death.	provaseular a	ceilent 18 mos.	ago.
21b. PLACE OF INJURY (e.g., in or about blome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE SUICIDE HOMICIDE  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE PLANT OF TOWNSHIP) (COUNTY) (COUNTY) (COUNTY) (CUTY) (CUTY		- 19b. MAJOR FIND	DINGS OF OPERATION			20. AUTOPSY?
Id. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR?  217. How DID INJURY OCCUR?  218. How DID INJURY OCCUR?  219. How DID INJURY OCCUR?  219. How DID INJURY OCCUR?  217. How DID INJURY OCCUR?  218. How DID INJURY OCCUR?  219. How DID INJURY OCCUR?  210. How DID INJURY OCCUR?  211. How DID INJURY OCCUR?  221. How DID INJURY OCCUR?  222. Location (Oily, town, or county)  223. DATE S  224. NAME OF CEMETERY OR CREMATORY  224. LOCATION (Oily, town, or county)  224. NAME OF CEMETERY OR CREMATORY  225. Pure RAL DI RECTOR'S SLEMATURE  ADDRESS						YES NO
WHILE AT WORK NOT WHILE  2. I hereby certify that I attended the deceased from 1-29, 19 \$1, to 1-29, 19 \$1, that I last saw the decline on 1-29, 19 \$1, and that death occurred at 220 P. m., from the causes and on the date stated above.  3a. SIGNATURE  (Degrotor title)—23b. ADDRESS  (Degrotor title)—25b. ADDRE	ia. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 h	lb, PLACE OF INJURY (e.g., in or about nome, farm, fastory, street, office bidg., etc.)	21c. (CITY, TOWN, OR T	OWNSHIP) (COUNTY	(STATE)
alive on 1-29, 1951, and that death occurred at 220 P. m., from the causes and on the date stated above.  3a. SIGNATURE  (Degrot of title) 23b. ADDRESS  (A) BURIAL CREMA 24b. DATE  (ON, REMOVAL GREMA) 24b. DATE  (O	Id. TIME (Month) OF INJURY	(Day) (Year) (E	WHILEAT ( NOT WHILE ( )	21f. HOW DID INJURY	OCCUR7	
alive on 1-29, 1951, and that death occurred at 220 P. m., from the causes and on the date stated above.  3a. SIGNATURE  (Degrot of title) 23b. ADDRESS  (Degrot of title) 23b. ADDRESS  (A) 24c. DATE SIGNATURE  (A) BURIAL CREMA 24b. DATE  (B) CALL CREMA 24b. DATE  (C) 24c. NAME OF CEMETERY OR CREMATORY  (B) COUNTY (C) COUNTY  (B) COUNTY (C) COUNTY  (C)	2. I hereby certify t	hat I attended th	he deceased from 1-29	195/ 10 /-	· 2 9 195/ that I	last sam the decease
(Degree of title) — 23b. ADDRESS  ALL BURIAL, CREMA- 24b. DATE  ON, REMOVAL (Species) — 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (S BURIAL) — Feb.1,1951 Cedar Grove Cemetery Salem? Mo.  NATE RECT BY LOCAL REGISTRARS, SIGNATURE ADDRESS		-9 195	L, and that death occurred at	2.20 P. m., from the	causes and on the date s	tated above.
ATE REC'D BY LOCAL REGISTRARS SIGNATURE  ADDRESS	3a. SIGNATURE	. 0	<u> </u>			23c. DATE SIGNE
ATE REC'D BY LOCAL REGISTRARS SIGNATURE  100. BURIAL. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  101. BURIAL. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  102. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  103. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  104. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  105. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  106. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  107. CREMA- 246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (Olty, town, or county) (S DUFFEL)  108. CREMA- 246. DATE 246. DATE 246. DATE 246. LOCATION (Olty, town, or county) (S DUFFEL)  109. CREMA- 246. DATE	Franc	es X. X.	ozal, m. D.C	1 Sala	mi, Mo.	1-31-57
THE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	IN BURIAL CREMA-	24b. DATE Feb.1,1				
1-31-31 White Mist On Would to Golden & Tranken Solom		REGISTRAR'S SI	<del></del>	THERAL DIRECT	OR'S SIGNATURE	ADDRESS

File No. DISTRICT HEALTH OFFICE No. 4

LEB - 2 1951

RECEIVED

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:

working under my personal supervision.

Braishall E. Blackwell

Licensed Embalmer No. 47/3

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.